

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

Printed: 05/28/2025  
Form Approved OMB  
No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>01/31/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Highland Meadows Health & Rehab                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1870 S John King Blvd<br>Rockwall, TX 75032 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                          |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                          |                                                 |
| F 0580<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49092</b></p> <p>Based on, interview and record review the facility failed to immediately inform the resident, consult with the resident's physician, notify, consistent with his or her authority, the resident representative when there was a significant change in the resident's physical, mental, or psychosocial status for 1 of 1 resident (Resident #1) reviewed for notification of changes.</p> <p>The facility failed to notify Resident #1's attending physician when an injury of unknown origin was discovered on Resident #1.</p> <p>This deficient practice could place residents at risk of not having their physician informed when there was a change in condition resulting in a delay in medical intervention and decline in health.</p> <p>Findings include:</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Record review of Resident #1's Care Plan reflected a [AGE] year-old female. She was admitted to the facility on [DATE]. The Care Plan was initialed on 12/30/24 for Wound Management of the lower abdomen. Resident #1 had diagnoses which included constipation (a condition in which there is difficulty in emptying the bowels, usually associated with hardened feces.), hypertension (a condition in which the blood vessels have persistently raised pressure), gastro-esophageal reflux disease without esophagitis (a condition where acid or other contents flow back up from the stomach with no signs of damage to the esophagus), nausea with vomiting, localized edema (a condition in which there is swelling due to excess fluid to one specific area of the body), gastrointestinal hemorrhage (a condition that covers all forms of bleeding in the gastrointestinal tract), unspecified open wound to the left lower leg, malignant neoplasm of unspecified kidney (cancerous tumor of the kidney), unspecified diastolic (congestive) heart failure (When your left heart ventricle is stiff, it doesn't relax properly between heartbeats), unspecified atrial fibrillation (irregular heart rhythm), unspecified dementia without behavioral disturbance (a condition where a person experiences confusion or mild cognitive impairment that cannot be clearly diagnosed as a specific type of dementia.), psychotic disturbance (cluster of symptoms, not an illness), mood disturbance (characterized by persistent and intense sadness, elation, or anger.), anxiety (feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome:), morbid (severe) obesity due to excess calories (excessive and unhealthy accumulation of body fat), pulmonary embolism without acute cor pulmonale (blockage in one of the pulmonary arteries in the lungs, usually caused by blood clots that travel to the lungs from the deep veins in the legs (deep vein thrombosis), diverticulitis of intestine (inflammation of irregular bulging pouches in the wall of the large intestine), pneumonia (lung inflammation caused by bacterial or viral infection), dysphagia (difficulty swallowing).</p> <p>Record review of Resident #1's Annual MDS (Minimum Data Sheet) Assessment, dated 01/20/2024, reflected Resident #1 had a BIMS (Brief Interview for Mental Status Test) score of 10, which indicated moderate cognitive impairment. Resident #1 was assessed to require assistance with ADLs (Activities of Daily Living) which included the following: transfers, personal hygiene, showers, and dressing.</p> <p>Record review on 1/31/25 of TULIP (Texas Unified Licensure Information Portal) reflected the facility did not report the injury of unknown origin for the wound that was discovered on 12/27/24.</p> <p>Record review of Resident #1's electronic medical records reflected Resident #1 had a progress note, dated 12/27/2024 at 6:39 PM, entered by LVN (Licensed Vocational Nurse) A. The progress note reflected there was a concern made by the family about the resident's care. LVN (Licensed Vocational Nurse) A documented there was an open wound to the groin area. The wound was cleansed with normal saline, pat dry, and had dressing applied. LVN (Licensed Vocational Nurse) A also documented the wound would be monitored.</p> <p>Record review of Resident #1's Skin Assessment, dated 12/27/2024, revealed that Resident #1 did not have a wound to the lower abdominal/groin area when the skin assessment was performed at 3:38 PM.</p> <p>Record review of a photograph taken of Resident #1's wound revealed the wound was consistent with that of a laceration and not of a pressure/moisture related injury.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Interview on 1/31/2025 at 9:40 AM with Director of Nursing B revealed he was very familiar with Resident #1 because he did rounds with her every day. He stated staff were trained to notify the administrator, director of nursing, physician, and responsible party if they found a wound. He stated there was no need to report this incident to HHSC because it was not something they thought was an injury of unknown origin because it was assumed to be a moisture related incident. The facility had an open order for moisture related incidents from the wound care doctor. DON (Director of Nursing) B stated the wound care doctor was notified by LVN (Licensed Vocational Nurse) A of the wound to Resident #1's groin area and that should satisfy reporting requirements even if the primary care physician was not notified of the wound to Resident #1's groin/abdominal.</p> <p>Interview on 1/31/2025 at 12:30 PM with CNA (Certified Nurse Assistant) C revealed she did not know how or why Resident #1 had a wound because she wasn't a resident she was assigned to take care of. She remembered Resident #1's family member yelling in the hallway for help. She stated LVN (Licensed Vocational Nurse) A asked her to assist him treating the wound. She stated the wound was small and they treated it with normal saline. She stated the wound wasn't bleeding but it looked like a clean cut. She stated LVN (Licensed Vocational Nurse) A called the physician and got an order right away.</p> <p>Interview on 1/31/2025 at 1:59 PM with Physician D revealed neither the facility nor family brought the wound to her attention. She stated she remembered being notified by LVN (Licensed Vocational Nurse) A of Resident #1 having lower abdominal pain but specified the LVN (Licensed Vocational Nurse) only contacted her to tell her about a hemorrhoid bleeding. She stated she did not know of any injury to Resident #1's groin area. She stated she should have been contacted if there was a change in condition, injury of unknown origin, open wound, or injury.</p> <p>Interview on 1/31/2025 at 2:20 PM with Physician E revealed she did treat Resident #1's wound. She stated the wound was in the lower abdominal/groin area. She stated it was in kind of a fold area. She specified the wound did not look like a pressure related wound. She stated it was different than a moisture associated breakdown. She stated it could be from trauma but it's hard to say for sure but specified that it did not look moisture related. She stated the wound was small. It was .7 by .8 centimeters. She stated she was notified of the wound by LVN (Licensed Vocational Nurse) A on December 27th around 7pm. She told LVN (Licensed Vocational Nurse) A to follow the standing order until she saw it unless LVN (Licensed Vocational Nurse) A had a major concern.</p> <p>Interview on 1/31/2025 at 3:00 PM with LVN (Licensed Vocational Nurse) A revealed he remembered Resident #1's family member asked for someone to come take a look at a wound on Resident #1. He stated he assessed the resident, treated the wound, and notified the wound care doctor. There was no need to contact the family because the family member was the one who discovered the wound. There was no need to report the wound because it was assumed to be a moisture related incident and not an injury of unknown origin.</p> <p>Record review of the Facility Abuse &amp; Neglect Reporting Policy, dated July 2017, states reflected that All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies.</p> <p>F. The residents Attending Physician.</p> |                                                                                          |                                                 |

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| F 0609<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49092</p> <p>Based on interview and record review the facility failed to ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported immediately, but not later than 2 hours after the allegation was made, if the events that caused the allegation involved abuse or resulted in serious bodily injury, or not later than 24 hours if the events that caused the allegation did not involve abuse and did not result in serious bodily injury, to the administrator of the facility and to other officials, including to the State Survey Agency where state law provides for jurisdiction in long-term care facilities, in accordance with State law through established procedures for 1 of 1 resident (Resident #1) reviewed for reporting.</p> <p>The facility failed to report an injury of unknown origin that was discovered on 12/27/2024, to HHSC.</p> <p>This failure could place residents at risk for abuse, neglect, and incidents.</p> <p>Findings include:</p> <p>Record review of Resident #1's Care Plan reflected a [AGE] year-old female. She was admitted to the facility on [DATE]. The Care Plan was initialed on 12/30/24 for Wound Management of the lower abdomen. Resident #1 had diagnoses which included constipation (a condition in which there is difficulty in emptying the bowels, usually associated with hardened feces.), hypertension (a condition in which the blood vessels have persistently raised pressure), gastro-esophageal reflux disease without esophagitis (a condition where acid or other contents flow back up from the stomach with no signs of damage to the esophagus) , nausea with vomiting, localized edema (a condition in which there is swelling due to excess fluid to one specific area of the body), gastrointestinal hemorrhage (a condition that covers all forms of bleeding in the gastrointestinal tract), unspecified open wound to the left lower leg, malignant neoplasm of unspecified kidney (cancerous tumor of the kidney), unspecified diastolic (congestive) heart failure (When your left heart ventricle is stiff, it doesn't relax properly between heartbeats), unspecified atrial fibrillation (irregular heart rhythm), unspecified dementia without behavioral disturbance (a condition where a person experiences confusion or mild cognitive impairment that cannot be clearly diagnosed as a specific type of dementia.), psychotic disturbance (cluster of symptoms, not an illness), mood disturbance (characterized by persistent and intense sadness, elation, or anger.), anxiety (feeling of worry, nervousness, or unease, typically about an imminent event or something with an uncertain outcome:), morbid (severe) obesity due to excess calories (excessive and unhealthy accumulation of body fat), pulmonary embolism without acute cor pulmonale (blockage in one of the pulmonary arteries in the lungs, usually caused by blood clots that travel to the lungs from the deep veins in the legs (deep vein thrombosis), diverticulitis of intestine (inflammation of irregular bulging pouches in the wall of the large intestine), pneumonia (lung inflammation caused by bacterial or viral infection), dysphagia (difficulty swallowing).</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| <p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>Record review of Resident #1's Annual MDS (Minimum Data Sheet) Assessment, dated 01/20/2024, reflected Resident #1 had a BIMS (Brief Interview for Mental Status Test) score of 10, which indicated moderate cognitive impairment. Resident #1 was assessed to require assistance with ADLs (Activities of Daily Living) which included the following: transfers, personal hygiene, showers, and dressing.</p> <p>Record review on 1/31/25 of TULIP (Texas Unified Licensure Information Portal) reflected the facility did not report the injury of unknown origin for the wound that was discovered on 12/27/24.</p> <p>Record review of Resident #1's electronic medical records reflected Resident #1 had a progress note, dated 12/27/2024 at 6:39 PM, entered by LVN (Licensed Vocational Nurse) A. The progress note reflected there was a concern made by the family about the resident's care. LVN (Licensed Vocational Nurse) A documented there was an open wound to the groin area. The wound was cleansed with normal saline, pat dry, and had dressing applied. LVN (Licensed Vocational Nurse) A also documented the wound would be monitored.</p> <p>Record review of Resident #1's Skin Assessment, dated 12/27/2024, revealed that Resident #1 did not have a wound to the lower abdominal/groin area when the skin assessment was performed at 3:38 PM.</p> <p>Record review of a photograph taken of Resident #1's wound revealed the wound was consistent with that of a laceration and not of a pressure/moisture related injury.</p> <p>Interview on 1/31/2025 at 9:40 AM with Director of Nursing B revealed he was very familiar with Resident #1 because he did rounds with her every day. He stated staff were trained to notify the administrator, director of nursing, physician, and responsible party if they found a wound. He stated there was no need to report this incident to HHSC because it was not something they thought was an injury of unknown origin because it was assumed to be a moisture related incident. The facility had an open order for moisture related incidents from the wound care doctor. DON (Director of Nursing) B stated the wound care doctor was notified by LVN (Licensed Vocational Nurse) A of the wound to Resident #1's groin area and that should satisfy reporting requirements even if the primary care physician was not notified of the wound to Resident #1's groin/abdominal.</p> <p>Interview on 1/31/2025 at 12:30 PM with CNA (Certified Nurse Assistant) C revealed she did not know how or why Resident #1 had a wound because she wasn't a resident she was assigned to take care of. She remembered Resident #1's family member yelling in the hallway for help. She stated LVN (Licensed Vocational Nurse) A asked her to assist him treating the wound. She stated the wound was small and they treated it with normal saline. She stated the wound wasn't bleeding but it looked like a clean cut. She stated LVN (Licensed Vocational Nurse) A called the physician and got an order right away.</p> <p>Interview on 1/31/2025 at 2:20 PM with Physician E revealed she did treat Resident #1's wound. She stated the wound was in the lower abdominal/groin area. She stated it was in kind of a fold area. She specified the wound did not look like a pressure related wound. She stated it was different than a moisture associated breakdown. She stated it could be from trauma but it's hard to say for sure but specified that it did not look moisture related. She stated the wound was small. It was .7 by .8 centimeters. She stated she was notified of the wound by LVN (Licensed Vocational Nurse) A on December 27th around 7pm. She told LVN (Licensed Vocational Nurse) A to follow the standing order until she saw it unless LVN (Licensed Vocational Nurse) A had a major concern.</p> <p>(continued on next page)</p> |                                                                                          |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>676387                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                                 | (X3) DATE SURVEY<br>COMPLETED<br><br>01/31/2025 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Highland Meadows Health & Rehab                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>1870 S John King Blvd<br>Rockwall, TX 75032 |                                                 |
| For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency. |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                          |                                                 |
| (X4) ID PREFIX TAG                                                                                                                 | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                          |                                                 |
| F 0609<br><br>Level of Harm - Minimal harm or<br>potential for actual harm<br><br>Residents Affected - Few                         | <p>Interview on 1/31/2025 at 3:00 PM with LVN (Licensed Vocational Nurse) A revealed he remembered Resident #1's family member asked for someone to come take a look at a wound on Resident #1. He stated he assessed the resident, treated the wound, and notified the wound care doctor. There was no need to contact the family because the family member was the one who discovered the wound. There was no need to report the wound because it was assumed to be a moisture related incident and not an injury of unknown origin.</p> <p>Record review of the Facility Abuse &amp; Neglect Reporting Policy, dated July 2017, reflected All reports of resident abuse, neglect, exploitation, misappropriation of resident property, mistreatment and/or injuries of unknown source (abuse) shall be promptly reported to local, state, and federal agencies (as defined by current regulations) and thoroughly investigated by facility management. Findings of abuse will also be reported.</p> <p>All alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of an unknown source and misappropriation of property will be reported by the facility Administrator, or his/her designee, to the following persons or agencies .</p> <p>An alleged violation of abuse, neglect, exploitation or mistreatment (including injuries of unknown source and misappropriation of resident property) will be reported immediately, but not later than:</p> <p>A. Two (2) hours if the alleged violation involves abuse OR has resulted in serious bodily injury.</p> <p>B. Twenty-four (24) hours if the alleged violation does not involve abuse AND has not resulted in serious bodily injury.</p> |                                                                                          |                                                 |